

KANSAS TASK FORCE ADDRESSING METHAMPHETAMINE & ILLEGAL DRUGS

HISTORY & BACKGROUND REGARDING METH IN KANSAS

Since the early 1990's, Kansas has witnessed a dramatic increase in the manufacturing, importation and abuse of methamphetamine. It has surpassed marijuana as the greatest drug threat in Kansas.

Kansas law enforcement estimate that 80 percent of the meth in Kansas is manufactured in Mexico and California and transported to Kansas. If the state can decrease the number of meth labs in operation in Kansas, law enforcement can begin to address the meth that is transported into and through Kansas.

In an effort to do this, Governor Kathleen Sebelius requested that the Kansas Criminal Justice Coordinating Council (KCJCC) form the Kansas Task Force Addressing Methamphetamine & Illegal Drugs. The KCJCC approved Governor Sebelius' request and the task force was created in December 2004 to address methamphetamine/drug enforcement issues at the local level. Kansas Highway Patrol (KHP) Col. William Seck and Kansas Bureau of Investigation (KBI) Director Larry Welch co-chair the task force.

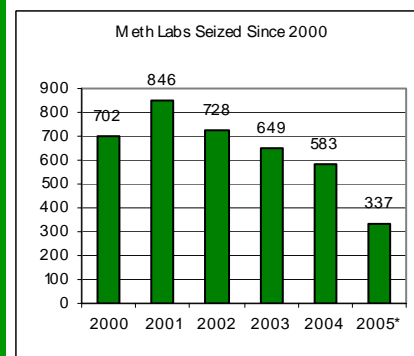
The task force met five times in 2005 and heard presentations on meth treatment efforts; meth prevention education; drug courts; drug offenders and sentencing guidelines; and the impact of Senate Bill 27, the Sheriff Matt Samuels Chemical Control Act.

Kansas Methamphetamine & Illegal Drugs Task Force Members

- Larry Welch, KBI Director, Co-Chair
- Col. William Seck, Highway Patrol Superintendent Co-Chair
- Adrian Polansky, Kansas Department of Agriculture Secretary
- Roderick Bremby, Kansas Department of Health & Environment Secretary
- Sandy Horton, Crawford County Sheriff
- Dean Akings, Great Bend Police Chief
- Jerome Gorman, Wyandotte County District Attorney
- Clardy Vinson, Topeka High School Principal
- Cristi Cain, Kansas Methamphetamine Prevention Project
- Judge Joe Kisner, Sedgwick County District Court
- Dr. Eric Voth, Shawnee County
- Dwain Worley, KBI Forensic Lab
- Steve Rosebrough, KBI South East Kansas Drug Enforcement Task Force
- Lt. Ray Bailiff, Kansas Highway Patrol
- Kevin Bascue, Finney County Sheriff
- Donna Doolin, Addiction and Prevention Services Director, Kansas Department of Social and Rehabilitation Services

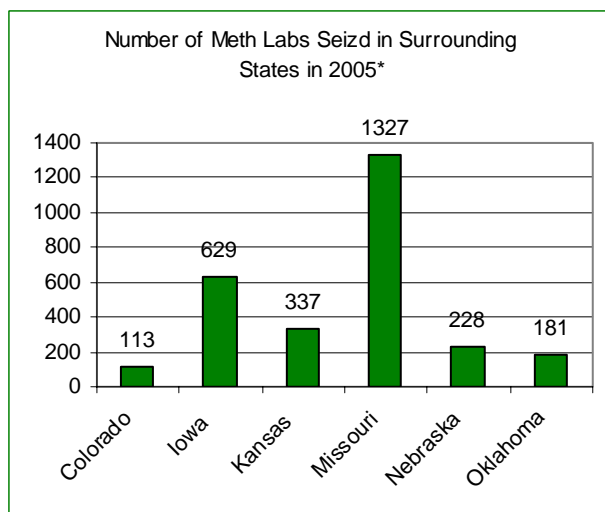
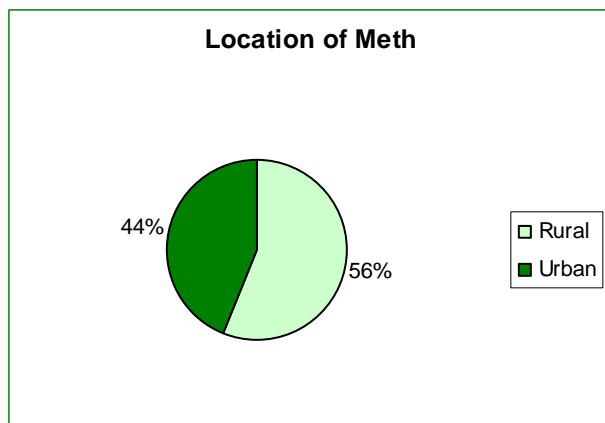
SHERIFF MATT SAMUELS CHEMICAL CONTROL ACT, SENATE BILL 27

One of the task force's goals was the passage and signage of the Sheriff Matt Samuels Chemical Control Act, SB 27. The bill was named in recognition of Greenwood County Sheriff Matt Samuels who was killed in January while serving a search warrant at a home he did not know was the site of a meth lab. On April 15, 2005, Governor Sebelius signed SB 27 into law.



* Represents seizures from January 1, 2005 to December 1, 2005.
www.kansas.gov/kbi/stats_meth.shtml

SB 27 makes any compound or mixture containing ephedrine or pseudoephedrine, except for the liquid or gel capsule form, a schedule V controlled substance. The new law requires consumers to provide a photo id showing their date of birth and sign a log prior to purchasing the cold medicine containing ephedrine or pseudoephedrine. The law also restricts a consumer from purchasing four or more packages or containers of ephedrine or pseudoephedrine within a seven-day period.



* Represents seizures from January 1, 2005 to December 1, 2005.

www.kansas.gov/kbi/stats_meth.shtml

IMPACT OF SHERIFF MATT SAMUELS CHEMICAL CONTROL ACT, SENATE BILL 27

The KBI reports that there are fewer meth lab seizures in the five months following enactment of the law. The KBI will release a report in late February after the National Clandestine Laboratory Seizure Reports (EPIC) are received by law enforcement agencies.

Although passage of SB 27 was a huge success, it will not solve the meth problem in the state. If SB 27 continues to decrease the number of meth labs in Kansas, law enforcement will have more time and resources to devote to meth trafficking.

LEGISLATIVE ISSUES

The task force discussed future legislative issues to propose and monitor—efforts to close loopholes in the ephedrine purchase law, add ephedrine and pseudoephedrine liquid and gel capsule forms as schedule V controlled substances and create a Prescription Monitoring Program allowing medical professionals to monitor prescription drug abuse and prevent customers from buying more than three packets from several different pharmacies within one month.

METH SUMMITS

The task force hosted two successful meth summits in 2005. The first Summit was held on May 17, 2005 in Topeka and the second was on December 7, 2005 in Salina. Within a week of announcing the first Summit, the 150 participant limit was reached, with nearly 100 individuals on a waiting list. Despite a snowstorm blanketing the state, nearly 300 individuals attended the Summit in December. A diverse group of professionals attended the Summits including substance abuse counselors, treatment professionals, court services personnel, law enforcement, mental health professionals, corrections personnel, etc.

Summit presentations included:

Medical Impact on Meth Users – Short- and long-term medical problems generated by methamphetamine use.

Treatment for Meth Users – Treatment professionals who have experience in developing successful treatment programs for methamphetamine addiction discussed the approaches that lead to successful recoveries.

Panel of Former Meth Users – Former meth users discussed how they got involved with meth, its affects on their lives and how they received treatment for their addictions.

Overview of Federal, State and Local Efforts to Combat Meth – Panel discussion of federal, state and local initiatives to fight meth in Kansas—including joint law enforcement task forces, meth watch and clean-up programs.

Kansas and Oklahoma Legislation and Their Impacts on Meth – Representatives from each state discussed the positive results of tougher meth laws.

Education and Prevention Efforts – Presentation on education and prevention programs for children, parents, schools, community organizations and criminal justice officials.

Children Exposed to Meth – A doctor with more than 11 years of experience working with children exposed to meth discussed the affects of methamphetamine on children.

Meth Treatment in Kansas – NWKS Community Corrections and Smoky Hill Foundation discussed how they developed their meth treatment program.

MIDWESTERN GOVERNORS ASSOCIATION REGIONAL METH SUMMIT

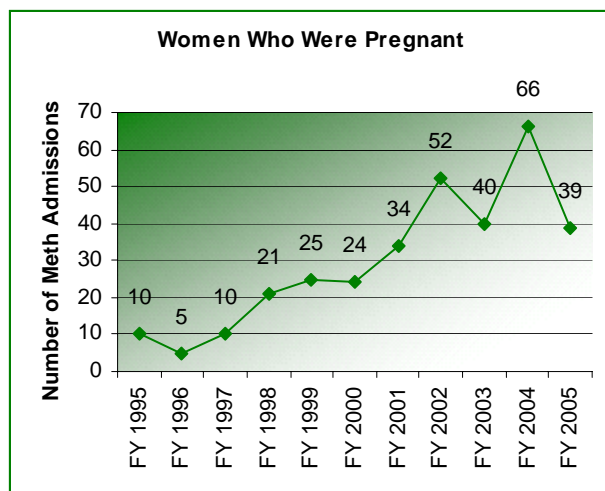
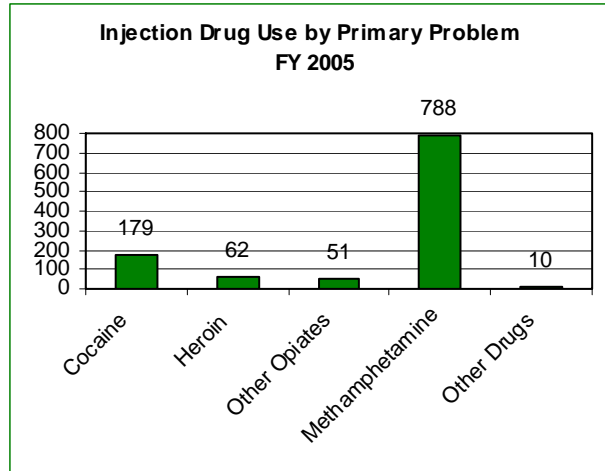
Governor Kathleen Sebelius sent Col. William Seck, Superintendent of the Kansas Highway Patrol, and Sandy Horton, Crawford County Sheriff, two members of the task force to the Midwestern Governors Association Regional Meth Summit in Indianapolis, Indiana, December 13-15, 2005 to discuss Kansas' efforts in addressing meth.

The regional summit was the first in a series of regional meth summits held in coordination with the White House Office of National Drug Control Policy. One item Col. Seck and Sheriff Horton highlighted was action taken to make it harder to get the ingredients for meth.

DRUG OFFENDERS & SENTENCING GUIDELINES

In 2003, the State expected the prison population to exceed its capacity. Therefore, Senate Bill 123 was passed as an alternative to sentencing non-violent drug possession offenders to prison. The goal of SB 123 was to provide offenders with treatment to break their addiction problem.

According to the Kansas Sentencing Commission (KSC), since SB 123 went into effect on November 1, 2003, it has been imposed in



2,241 cases. Of those cases, 2,087 offenders were sentenced under SB 123, some of these offenders have multiple SB 123 sentences.

The KSC also noted that 108 agencies in Kansas are certified to deliver some form of SB 123 treatment services, 95 treatment agencies are certified to perform substance abuse assessments, 27 agencies are certified to deliver inpatient treatment services, 92 agencies are certified to deliver out-patient treatment services, eight agencies are certified to deliver social detox treatment services and 68 agencies offer drug abuse education. The treatment provided under SB 123 does not designate the specific drug the offender may have used, so it does not track meth specific treatment.

METH SPECIFIC TREATMENT

One major challenge task force members see is the need for effective and successful programs to treat meth specific drug addictions. In fact, the National Association of Counties (NACO) released The Meth Epidemic in America report in January 2006, stating that the need for methamphetamine treatment programs is growing. NACO surveyed behavioral health officials in 35 states asking about drug treatment programs and how they have been affected by the methamphetamine epidemic.

- 69 percent of directors report an increased need for meth treatment programs
- 54 percent report that the success rate is different for meth users
- 44 percent report that the length of time in the program is longer for meth addicts. Meth users seeking treatment require special protocols and longer treatment periods than users of other drugs. If treatment programs feature usual methods, the recidivism rate of meth users is higher than for other drugs.
- 57 percent said lack of funding was the reason county operated or funded treatment programs did not have sufficient capacity.
- 33 percent report that they do not have sufficient trained staff to run the treatment programs that they need.

Currently, the only meth-specific treatment program in Kansas is the Northwest Kansas Community Corrections (NWKCC) program in conjunction with the Smoky Hill Foundation in Hays. The program specializes in meth treatment and counselors are trained on meth addiction. Meth offenders undergo drug testing before every group treatment session and random and frequent drug testing. Counselors use the matrix intensive outpatient treatment module and treatment is designed to meet the offender's individual needs. Treatment is geared toward both male and female users and provides an after-care follow up service. Community Corrections officers also provide intensive surveillance of offenders.

The program has seen a high rate of offenders abstaining from meth who have participated in

the program, 82 percent in 2003, 78 percent in 2004 and 85 percent in 2005. Overall, 82 percent of offenders who went through the NWKCC Methamphetamine Treatment Program have remained out of prison.

METH TREATMENT STATISTICS

The NACO report also stated that there are more meth-related emergency room visits than any other drug. According to The Meth Epidemic in America report:

- 47 percent of 200 responding hospitals say that meth is the top illicit drug involved in presentations at their hospitals.
- 73 percent report that emergency room presentations involving meth have increased in the last five years and 68 percent reported continuing increases during the last three years.
- 94 percent of responding emergency room officials in Nebraska estimate that up to 10 percent of their presentations involve meth, followed by Kansas and Minnesota, with 83 percent of their hospitals reporting that up to 10 percent of their visits involve the drug.
- 83 percent report that people with a meth-related emergency are often uninsured.
- 56 percent report that costs have increased at their facilities because of the growing use of meth.

The Kansas Department of Social and Rehabilitation Services Addiction and Prevention Services division tracks admissions into treatment programs for methamphetamine addictions. The data is collected from treatment programs receiving grant funding from SRS for addiction and prevention services.

In FY 1995, there were 468 admissions with a primary problem of methamphetamine. In FY 2005, there were 1,997 admissions.

In FY 1995, methamphetamine as the primary problem accounted for 2.4 percent of all alcohol and drug abuse treatment admissions. In FY 2004, it accounted for 10.6 percent of admissions and 12.78 percent of admissions in FY 2005.

In FY 2005, 43.16 percent of all methamphetamine admissions were female.

In FY 2005, 5.57 percent of the women who entered treatment with a primary problem of methamphetamine were pregnant at the time of admission.

In FY 2004, 88.58 percent of all admissions with a primary problem of methamphetamine were Caucasian.

In FY 2005, methamphetamine admissions peaked for males and females between the ages of 20 and 24.

In FY 2005, 56 percent of all admissions were patients 29 years of age or younger and 36 percent were 24 years of age or younger.

Key meth specific treatment program components include:

- Random drug testing
- Intensive surveillance
- Aftercare follow-up

LOCAL COMMUNITIES NEED HELP TO FIGHT METH

Task force members also have looked into communities' needs to fight and address the meth problem locally. Some of the issues task force members have looked at is the need for meth specific drug treatment prior to conviction of the crime, drug courts, resources of children exposed to meth, training, prevention and enforcement efforts.

Drug Courts

Drug Court programs also were discussed by the task force as an option for treating drug offenders and an alternative to incarcerating offenders. The purpose of the programs is to treat the offender's addiction and monitor the offender to ensure that the offender continues to abstain from illegal substances. Typical requirements of drug court program participants include obeying the law, attending substance abuse treatment and education programs, undergoing random drug screens, and performing community service.

The task force noted that it is challenging to develop and maintain drug court programs. Currently, only Lyon, Johnson, Sedgwick, Shawnee and Wyandotte Counties have drug court programs, with the programs in Wyandotte and Johnson County targeting juveniles.

Resources for Children

The Kansas Alliance for Drug Endangered Children, coordinated by the Kansas Methamphetamine Prevention Project (KMPP), began as a partnership among various federal, state and community-based organizations in 2003. The purpose of the Alliance is to provide training, technical assistance and oversight to Drug Endangered Children programs in the state. The programs are multi-disciplinary teams consisting of law enforcement, child protective services, prosecutors and medical organizations which respond to children found in methamphetamine and other drug environments. According to KMPP, in 2005:

- Seven children were found in a meth lab in Wichita
- A four-year-old was discovered in a meth lab in Lawrence
- Four young children were discovered sleeping next to an active meth lab in Rice County
- A 15-month-old was poisoned in a meth-related incident in Wichita

Training/Prevention Efforts

The Kansas Methamphetamine Prevention Project (KMPP) was created in October 2002 to respond to the devastating effects methamphetamine production and usage was causing in Kansas communities. KMPP provides training, technical assistance and strategies and resources for addressing the methamphetamine problem at the local level.

KMPP's current efforts include the Border County Initiative, the Kansas Alliance for Drug Endangered Children, mini-grant funding program and anhydrous ammonia theft prevention pilot project.

The Border County Initiative was created in the fall of 2004 in response to Oklahoma's new

A map of Kansas showing its 105 counties. The map is color-coded to represent political affiliations: red for Republican, blue for Democrat, and green for Libertarian. The colors are distributed across the state, with red and blue appearing in various clusters and green appearing in several large, contiguous areas, particularly in the western and central parts of the state. The map includes county names and a small inset showing the state's location within the United States.

The map above illustrates the number and location of Kansas Drug Enforcement Agencies and Task Forces operating in Kansas.

The Mini-grant Funding Project distributed small amounts of funding to communities in nearly half of Kansas' 105 counties in 2003. The purpose of the mini-grants was to empower local communities to address the multifaceted meth problem locally.

For more information about the Kansas Methamphetamine Prevention Project visit its website at www.ksmethpreventionproject.org.

Enforcement Efforts

The Kansas Highway Patrol has been aggressive in interdiction efforts. Since 1993, the agency has seized 592 pounds of methamphetamine. In addition, numerous mobile labs have been seized and those who transport meth precursor chemicals have been arrested.

The Patrol recently received a \$75,000 High Intensity Drug Trafficking Area (HIDTA) grant to advance criminal interdiction efforts and maximize opportunities for troopers to de-



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